2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 19, 2004 8:00 am Secretary of State **DOCUMENT # P03000004537** 03-19-2004 90033 044 ***150 00 KOALA MUSIC PRODUCTS, INC. Mailing Address 11UNUUNU Principal Place of Business 3320 SCHERER DR 3320 SCHERER DR ST PETERSBURG, FL 33716 ST PETERSBURG, FL 33716 2. Principal Place of Business 3. Mailing Address 13031 US Hu Suite, Apt. #, etc. 03102004 Chg-P CR2E034 (10/03) Applied For City & State 4. FEI Number Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ttreu Dowd DOWD, JEFFERY A P.A. Street Address (P.O. Box Number is Not Acceptable) 550 N REO ST STE 302 TAMPA, FL 33609-1065 Suite 900 City Zin Code 19 Tampa 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. A Dowd Pres. effrey egistered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Change ☐ Addition speor James RJR NAME SPEAR, JAMES R JR NAME 13031 US Huy 19 N 3320 SCHERER DR STREET ADDRESS STREET ADDRESS Clearwater FL 33764 ST PETERSBURG, FL 33716 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE Hodson Steven R HODSON, STEVEN R NAME NAME 13031 US HWY 19 1 STREET ADDRESS 3320 SCHERER DR STREET ADDRESS ST PETERSBURG, FL 33716 CITY-ST-ZIP CITY-ST-7IP Clearwater FL ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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